Mississippi Amended Corporate Income and Franchise Tax Return **ORIGINAL RETURN MUST BE ATTACHED**

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	C Corpo	ration		S	Corpo	ration			Pag
For Calendar Year Ending		Or For Fis	scal Year Begin	ning		and Er	nding		
Name			Teleph	one		Federal	I. D. N	lumber	
Mailing Address									
		-							
City	State	Zip +4	County	Code		[For internal	use d	only Co	llec. Code 2
Check here if the name	or address s	hown above is	different fror	n that s	shown o	n the original	return		
Franchise and Income		riginally Reported	1	B. N	et Change	- Increase/Decreas	e	T	C. Correct Amount
Tax	or	as Adjusted	(Indicate Decr	ease by M	arking Nega	tive Indicator - Expla	ain on Pa	age 2)	
Taxable Capital									
2. Franchise Tax			⁽¹⁾ ▶	·					
3. MS Net Taxable Income									
4. Total Income Tax			(2)	·					
5. Ad Valorem Tax Credit			(4) >	·					
6. Other Credits									
7. Balance of Income Tax Due (Line 4 less Lines 5 and 6).									
8. Total Franchise & Income Tax Due (Line 2 plus Line 7).	x								
	For intern	al use only	(5) ▶	14	(6) ▶	• 0			
	<i>i oi iii</i> eiii	ar use omy	(0)		(0)	Ŭ			
Overpayments from Prior Years Estimated Tax Payments and Al. Amount Paid with Original Return Interest & Penalty on Underpathis amount.) Total Payments (Add Lines 9 this Overpayment, if any, Shown on amount of overpayment on the estimated tax or refunded.) Net Tax Paid for This Tax Period Tay Puls (Idding 90 is more than 10.00).	mount Paid Wi m, Plus Additio yment of Estir rough 11.) Original Return e original retur d (Subtract Lin	th Extension nal Tax Paid Af nated Tax or Ir n (or as previou n BEFORE and	ter It Was Filed Iterest & Pena sly adjusted) y portion there 12.) (This Amo	(NOTE: of was	: Enter t applied t	he o			
 TAX DUE (If Line 8C is more the strength of the stre	•		,	Doturn i	until Daid		(7)		
7. Penalty @ 1/2% PER MONTH (no		-					(7) (8)		
8. AMOUNT PAID WITH RETURN		,	,				(9)		
OVERPAYMENT (If Line 8C is				Wiericy	Order.A	MOOITI I AID	(-)		
. Amount of Overpayment (Line			,			REFUND	(10)	•	
. Amount of Overpayment (Line	-		ear (See instru	ctions o	n page 2)				
his return may be discussed	l with the pre	eparer:	Yes	N	0				
HIS RETURN MUST BE SIGNED. atements, and to the best of my ki	Under penalti nowledge and l	es of perjury, I o	declare that I ha		mined this	s return, includi	ng acc	ompany	ing schedules and
•									
Office	r Signature and 1	ītle			Dat	ie	Tax De) epartmen	t Phone
Paid Preparer Signatu		Date)				Paid I	Preparer	Addre ee
		- 310					ı alu l	ı icpaiel	riuuless
							(or Dhan-	
Paid Firm FEIN or PTIN		Prepare	er SSN or PTIN				riepar	er Phone	

Form 83-170-04-8-2-000 (Rev. 11/04)

Mississippi Amended Corporate Income and Franchise Tax Return

Page 2

Yes No Has the original return been changed or audited by either the IRS or MSTC, or have you been notified that it will be?								
Check Appropri Box:	Appropriate or society only or Form 1139 (attach copy) applicable copies the control of the copies o							
CODE CREDITS			CODE	CREDITS				
02 Premium Retalitory Tax Credit (Sec. 27-15-121)			11	Credit for Gambling License Fee Based on Gross Revenue (Sec. 75-76-177)				
03 Finance Company Privilege Tax Paid for Same Tax Year (Sec. 27-21-9)			12	Financial Institution Jobs Credit (Sec. 27-7-22.13)				
04 Credit for Advanced Technology or Enterprise Zone (Sec. 27-7-22)			13	MS Business Finance Corp. Revenue Bond Service Credit (Sec. 27-7-22.3)				
05 Jobs Tax Credit (Sec. 57-73-21)			14	Ad Valorem Inventory Tax Credit (Attach Copies of County Tax Receipts)				
06 National or Regional Headquarters Credit (Sec. 57-73-21)			15	Export Port Charges Credit (Sec. 27-7-22.7)				
07	Research and Development Skills C	,	16	Guaranty Credit (Sec. 83-23-218)				
08 Child/Dependent Care Credit (Sec. 57-73-23)			17	Import Credit (Sec. 27-7-22.23)				
09 Basic Skills Training or Retraining Credit (Sec. 57-73-25)		18	Land Donation Credit (Sec. 27-7-22.21)					
10 Refore station Credit (Sec. 27-7-22.15)		19						
L			20	Motion Picture Incentive Credit (Sec. 57-89-5)				
Credits (Other Than Ad Valorem) (Enter the amount and applicable code below).								
1. Amou	Int of Credit Claimed			Credit Code from Table				
2. Amou	ınt of Credit Claimed			Credit Code from Table				
3. Amou	Int of Credit Claimed			Credit Code from Table				
4. Amou	ınt of Credit Claimed			Credit Code from Table				
	Other Credits (Add lines 1 through 4 lter total on line 6 of page 1).							

Explanation of Changes to Income, Deductions, and/or Credits on Page 1

Enter the line number from Page 1 for the items you are changing, and give the reason for each change. Show any computations in detail. Attach any forms/schedules as necessary to explain changes. **Please attach a copy of the original return filed.**

Overpayments that are not refunded will be applied to the next period for which the corporation makes a filing.

Example 1: ABC submits an amended return for tax years ending December 1999 and October 2000 (short period). ABC's amended 1999 return shows a reduced tax liability of \$100.00 and an overpayment to next year of \$100.00. ABC's amended 2000 return shows an additional tax liability of \$75.00. ABC includes the \$100 overpayment from prior year on line 11 and claims a refund of \$25.00.

Example 2: ABC submits an amended return in January 2002 for tax year ending December 1999 showing a reduced tax liability of \$100.00 and a corresponding overpayment to the next year of \$100.00. ABC's next return filing, in March 2002, is an original return for the year ending 2002. The \$100.00 overpayment from 1999 is included on the 2002 return as a part of the overpayments from prior years.